



BUFFALO STATE
The State University of New York

Transfer Course "Swap" Form
Office of Admissions, Moot Hall 110

Name: _____ Date: _____

Banner #: B _____ Major: _____

Buffalo State E-Mail: _____ Phone #: _____

Most Recently Started at BSC: Spring Summer Fall Year: _____

Are you swapping courses to be brought in through Off-campus Study, Western NY cross-registration, or SUNY cross-registration? _____ Yes _____ No

Excelsior Scholarship _____ Yes _____ No

Signature of Financial Aid Official Date

(Please use previous school's course code, i.e. MAT101, NOT Buffalo State's course code)

Courses to Remove	# of Credits	Name of School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Courses to Add	# of Credits	Name of School
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Student : _____

Please return this completed form to the Office of Admissions (Moot Hall 110).